

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/779,810	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51		2		
2		1					52		2		
3		1					53		2		
4		1					54				
5		1					55				
6		1					56				
7		1					57				
8		1					58				
9		1					59				
10		1					60				
11		1					61				
12		1					62				
13		1					63				
14		1					64				
15		1					65				
16		1					66				
17		1					67				
18		1					68				
19		1					69				
20	1						70				
21		1					71				
22		1					72				
23		1					73				
24		1					74				
25		1					75				
26		1					76				
27	1						77				
28		1					78				
29		1					79				
30		1					80				
31		1					81				
32		1					82				
33		1					83				
34		1					84				
35		1					85				
36	1						86				
37		1					87				
38		1					88				
39		1					89				
40		1					90				
41		1					91				
42		1					92				
43		2					93				
44		2					94				
45		2					95				
46		2					96				
47		2					97				
48		2					98				
49		2					99				
50		⑤					100				
TOTAL IND.	4						TOTAL IND.				
TOTAL DEP.	59						TOTAL DEP.				
TOTAL CLAIMS	63						TOTAL CLAIMS				